



New Jersey Department of Environmental Protection
Municipal Finance and Construction Element
Bureau of Administration and Management
P.O. Box 425
Trenton, New Jersey 08625-0425
Telephone: (609) 633-1208



Grant Certification - Tier A Municipality

Municipality Name: _____

Address: _____

City: _____

County: _____ State: _____ Zip: _____

Stormwater Program Coordinator: _____

Title: _____ Phone: _____ Fax: _____

Federal Tax ID # _____

The Department has provided funds to Tier A municipalities for the implementation of activities required by the Tier A NJPDES Municipal Stormwater General Permit (NJ0141852). 75% of the funds were released upon receipt by the Department of a signed agreement, the remaining 25% of the funds will be released upon receipt by the Department of this Certification documenting completion of the required activities. The municipality must document **the completion date(s)** of the activities and submit this Certification on or before April 1, 2007.

Certification

I certify under penalty of law that this Grant Certification was prepared under my direction and supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete.

I certify that I am aware that the Tier A Grant Application required, as a condition of the grant, that certain activities needed to be completed. These activities were to:

- Copy and distribute an educational brochure (provided by the Department) to all residents and businesses, and conduct one educational event between April 2005 through April 2006. Date Completed: _____ ;
- Label 50% or one sector of all required municipal storm drain inlets within 36 months from EDPA (see Storm Drain Inlet Labeling SBR). Date Completed: _____ ; and
- Divide the municipality into two sectors for the purposes of outfall mapping, and map the location of the end of all small MS4 outfall pipes in the first sector within 36 months from EDPA.
Date Completed: _____.

I certify that these activities have been completed. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for purposely, knowingly, recklessly, or negligently submitting false information.

Signature of principal executive officer or ranking elected official of the municipality or duly authorized representative: _____

Date: _____

Print Name _____